

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032132

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301

Primary Registration District No. _____

Registrar's No. 61VS 300
Rev. 4/59109102091034 05 067 18 29 X1011 09112 1-013 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON1. PLACE OF DEATH
a. COUNTY Ripley.b. CITY (If outside corporate limits, give TOWNSHIP only)
Doniphan.Length of stay in 1b
2 days.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Ripley County Memorial Hospital.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Ripley.c. CITY OR TOWN
Doniphan.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
601 E. Locust. Street.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

DonaldRexEvans.aug.14.1962.5. SEX
Male.6. COLOR OR RACE
white.7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
July 5, 1944.9. AGE (last birthday)
18.IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Student.10b. KIND OF BUSINESS OR INDUSTRY
Student.11. BIRTHPLACE (City and state or country)
Alton, Illinois.12. CITIZEN OF WHAT COUNTRY
USA.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Donald L. Evans.Martha Fitzjarrell.Never married.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No.17. INFORMANT
Address
Donald L. Evans, Doniphan, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basal Skull Fracture.INTERVAL BETWEEN ONSET AND DEATH
27 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Car wreck.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Car left road.20c. TIME OF INJURY
Hour 10:30 Month, Day, Year 8/12/6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway20f. CITY, TOWN, OR LOCATION
1 mile south of Doniphan.

COUNTY

STATE

Ripley, Mo.21. I attended the deceased from 8/12/62 to 8/14/62 and last saw him alive on 8/14/62
Death occurred at 1:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Frank Johnson, M.D.Doniphan Mo.8/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial.Aug. 16, 1962.Doniphan Cemetery.Doniphan, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ray Means, Doniphan, Missouri.8-16-62Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray Meador

Licensed Embalmer No. 3743

P. O. Address Donipham, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8-16-62 J.B.